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TO: Examiner Baoquoc N. To  
Group Art Unit No. 2172

FAX NO.: 571-273-8300

DATE: October 19, 2006

FROM: Christopher R. Carroll USER ID: 8033

CLIENT: 01194 MATTER: 13035USP1

Number of Pages This Transmission (Including Cover Page): 11

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number		09/681,471	
		Filing Date		April 13, 2001	
		First Named Inventor		Silva-Craig, et al.	
		Art Unit		2162	
		Examiner Name		To, Baoquoc N.	
Total Number of Pages in This Submission		10	Attorney Docket Number		15-IS-5715 (13035US01)
<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice; Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PRE-APPEAL BRIEF REQUEST FOR REVIEW and NOTICE OF APPEAL	
Remarks					
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>					
Firm or Individual Name		McAndrews Held & Malloy, Ltd.			
Name (Print/type)		Christopher R. Carroll	Registration No. (Attorney/Agent)		52,700
Signature		<i>Christopher R. Carroll</i>		Date: October 19, 2006	
<b>CERTIFICATION OF FACSIMILE TRANSMISSION</b>					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office (FAX No. (571) 273-8300), on October 19, 2006.					
				Christopher R. Carroll <i>Christopher R. Carroll</i> Signature	

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Effective on 12/08/2004.  
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

*Complete if Known*

Application Number	09/681,471
Filing Date	April 31, 2001
First Named Inventor	Silva-Craig et al.
Examiner Name	To, Baoquoc N.
Art Unit	2162
Attorney Docket No.	15-S-5715 (13035US01)

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 620.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

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under 37 CFR 1.16 and 1.17

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP	x	=		<u>Fee</u>
				<u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP	x	=	

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100	/50	(round up to a whole number)	x	=

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: NOTICE OF APPEAL (\$500.00) and ONE MONTH EXTENSION OF TIME (\$120.00) \$620.00

#### SUBMITTED BY

Signature	<i>Christopher R. Carroll</i>	Registration No. (Attorney/Agent)	52,700	Telephone	(312)775-8000
Name (print/type)	Christopher R. Carroll	Date	October 19, 2006		